

Amendment No. 2 to SB0726

**Watson
Signature of Sponsor**

AMEND Senate Bill No. 726*

House Bill No. 859

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 24, is amended by adding the following language as a new section:

56-7-2409.

(a) As used in this section:

(1) "Coinsurance" means a percentage of the contractual fee schedule applicable to a particular health care provider that a covered person must pay for covered services rendered by that provider under the terms of a particular health insurance policy or plan;

(2) "Copayment" means the specified dollar amount that a covered person must pay for covered services during a visit to a health care provider under the terms of a particular health insurance policy or plan;

(3) "Covered person" has the same meaning as set forth in § 56-7-110(a); and

(4) "Health insurance entity" has the same meaning as set forth in § 56-7-109, but does not include government insurance plans created by title 8, chapter 27.

(b) A health insurance entity offering employer-based plans must offer to employers no less than one (1) plan option in which the copayment and coinsurance amounts for services rendered during an office visit to a chiropractic

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physician licensed under title 63, chapter 4, or to a physical therapist or occupational therapist licensed under title 63, chapter 13, are no greater than the copayment and coinsurance amounts for the services rendered during an office visit to a primary care physician licensed under title 63, chapter 6 or title 63, chapter 9.

(c) Compliance with this section shall not be required with respect to a particular insurance plan if it is determined that compliance would cause that plan to lose its status as a grandfathered health plan within the meaning of § 1251 of the federal Patient Protection and Affordable Care Act, P.L. 111-148, as amended, and § 2301 of the federal Health Care and Education Reconciliation Act of 2010, P.L. 111-152, as amended.

(d) Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, Medicare supplement, disability income, long-term care, or other limited benefit hospital insurance policies, and any employer plan exempt from regulation under this title due to § 514 of the federal Employee Retirement Income Security Act of 1974 (ERISA), compiled in 29 U.S.C. § 1144.

SECTION 2. This act shall take effect January 1, 2015, the public welfare requiring it, and shall apply to all contracts with health insurance entities that are entered into or renewed on or after that date.